| Effective October 1, 2000  |  |  |  |                                  |                              |                  |             |                         |                   | 09928405               |    |                                |                        |  |  |
|--|--|--|--|----------------------------------|------------------------------|------------------|-------------|-------------------------|-------------------|------------------------|----|--------------------------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |  |                                  |                              |                  |             |                         | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL; ENTITY |                        |  |  |
| TOTAL CLAIMS   |  |  | 6  |                                  |                              |                  |             | RATE                    |                   | FEE                    | Ü  | RATE                           | FEE                    |  |  |
| FOR  |  |  | NUMBER FILED   |                                  | NUMBER EXTRA                 |                  |             | BASIC F                 | ĒĒ                | 355.00                 | OR | BASIC FEE                      | 710.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | 6 - minus 20=  |                                  | • _                          |                  |             | X\$ 9:                  | _                 |                        | OR | X\$18=                         |                        |  |  |
| INDEPENDENT CLAIMS   |  |  | 3 minus 3 =  |                                  | • -                          |                  |             | X40=                    |                   |                        | OR | X80=                           |                        |  |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P   | RESENT   |                                  |                              |                  |             | +135=                   |                   |                        |    | +270=                          |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |  |                                  |                              |                  |             | TOTA                    | _                 |                        | OR |                                |                        |  |  |
| CLAIMS AS AMENDED - PART II  |  |  |  |                                  |                              |                  |             |                         | י ו               |                        | OR | OTHER                          | THEN                   |  |  |
| 3. 3   | OI.  | (Column 1)   | A STATE OF THE PARTY OF THE PAR |                                  |                              | (Column 3)       | ) SMALL ENT |                         |                   | NTTTY                  | OR | SMALL                          |                        |  |  |
| ENTA   |  | CLAIMS REMAINING AFTER AMENDMENT                               |  | HIGH<br>NUME<br>PREVIO<br>PAID I |                              | PRESENT<br>EXTRA |             | RATI                    |                   | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT  | Total  | . 15   | Minus  | • /                              | 20                           | . –              | XS 9        | X\$ 9:                  | •                 |                        | OR | X\$18∞                         | (                      |  |  |
| AME  | Independent  | • 7  | Minus  |                                  | 3                            | •                |             | X40-                    |                   |                        | OR | X80=                           |                        |  |  |
| Ц  | HAST PHESE   | NTATION OF MI  | JLIPLE VEP   | ENDEN                            | CLAIM                        |                  |             | +135                    | =                 |                        | OR | +270=                          |                        |  |  |
| Λ  | 0 ~  | 0  |  |                                  |                              |                  |             | TOT<br>ADDIT, F         |                   |                        | OR | YOYAL<br>ADDIT, FEE            |                        |  |  |
| $\square$  | (Column 1) (Column 2) (Column 3)   |  |  |                                  |                              |                  |             |                         |                   |                        |    |                                |                        |  |  |
| AMENOMENT B  |  | CLUMS REMAINING AFTER AMENDMENT                                |  | NUR<br>PREVI                     | KEST<br>ABER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE                    |                   | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |  |  |
| Ş  | Total  | . 15   | Minus  | •                                | 20                           | - /              | П           | X\$ 9-                  | •                 |                        | OR | X\$18=                         |                        |  |  |
| AME  | Independent  |  |  | Minus C                          |                              |                  |             | X40=                    | 3                 |                        | OR | X80=                           | ·                      |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /                         |  |  |  |                                  |                              |                  |             |                         | 2                 |                        | OR | +270=                          |                        |  |  |
|  |  |  |  |                                  |                              |                  |             | TOT<br>ADDIT, F         |                   |                        | OR | TOTAL<br>ADDIT, FEE            |                        |  |  |
| . (Cotumn 1) (Cotumn 2) (Cotumn 3)                                       |  |  |  |                                  |                              |                  |             |                         |                   |                        |    |                                |                        |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |  | NUA<br>PREVI                     | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE                    |                   | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |  |  |
| NON  | Total  | •  | Minus  | ••                               |                              | -                | П           | X\$ 9-                  | •                 |                        | OR | X\$18=                         | ;                      |  |  |
| AME  | Independent  | •  | Minus  | •••                              | T (4) 4 77 1                 | •                | 11          | X40-                    | ,                 |                        | OR | X80=                           |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |  |  |                                  |                              |                  |             |                         | _                 |                        | OR | +270=                          |                        |  |  |
| •  | " If the entry in column 1 is less than the entry in column 2, write "V" in column 2. " If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20." |  |  |                                  |                              |                  |             |                         |                   |                        | OR | TOTAL                          |                        |  |  |
| •  | if the "Highest Nu   | mber Previously Pa<br>mber Previously Pa<br>mber Previously Pa | add For' IN THE  | S SPACE                          | is less the                  | n 3, enter "3."  | •           | ADDIT. Fi<br>and in the | _                 | resolute be            | •  | ADDIT. FEE<br>sturms 1.        |                        |  |  |
|  |  |  |  |                                  |                              |                  |             |                         |                   |                        |    |                                |                        |  |  |
| FOR  | PTO-676  |  | · · · · · · · · · · · · · · · · · · ·  |                                  |                              |                  | 0           |                         |                   |                        |    | ************                   | CONNERCE               |  |  |

**Application or Docket Number**